

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation )  
Against: )**

**Nancy Andes Towbin M.D. )**

**File No. 800-2016-020123**

**Physician's and Surgeon's )  
Certificate No. G 74730 )**

**Respondent )**


**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on May 3, 2019.**

**IT IS SO ORDERED April 5, 2019.**

**MEDICAL BOARD OF CALIFORNIA**

By:   
\_\_\_\_\_  
Kristina D. Lawson, J.D., Chair  
Panel B

1 XAVIER BECERRA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 REBECCA L. SMITH  
Deputy Attorney General  
4 State Bar No. 179733  
California Department of Justice  
5 300 South Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6475  
Facsimile: (213) 897-9395  
7 *Attorneys for Complainant*

8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12  
13 In the Matter of the Accusation Against:

Case No. 800-2016-020123

14 NANCY ANDES TOWBIN, M.D.  
16671 Yorba Linda Boulevard, Suite 210  
15 Yorba Linda, CA 92886

OAH No. 201901018258

16 Physician's and Surgeon's Certificate  
17 No. G 74730,

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18 Respondent.

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 PARTIES

23 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical  
24 Board of California ("Board"). She brought this action solely in her official capacity and is  
25 represented in this matter by Xavier Becerra, Attorney General of the State of California, by  
26 Rebecca L. Smith, Deputy Attorney General.

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1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, Complainant could  
3 establish a prima facie case with respect to the charges and allegations contained in Accusation  
4 No. 800-2016-020123 and that she has thereby subjected her license to disciplinary action.

5 10. Respondent agrees that her Physician's and Surgeon's Certificate is subject to  
6 discipline and he agrees to be bound by the imposition of discipline by the Board as set forth in  
7 the Disciplinary Order below.

8 CONTINGENCY

9 11. This stipulation shall be subject to approval by the Medical Board of California.  
10 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
11 Board of California may communicate directly with the Board regarding this stipulation and  
12 settlement, without notice to or participation by Respondent or her counsel. By signing the  
13 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek  
14 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
15 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
16 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
17 action between the parties, and the Board shall not be disqualified from further action by having  
18 considered this matter.

19 12. The parties understand and agree that Portable Document Format ("PDF") and  
20 facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and  
21 facsimile signatures thereto, shall have the same force and effect as the originals.

22 13. In consideration of the foregoing admissions and stipulations, the parties agree that  
23 the Board may, without further notice or formal proceeding, issue and enter the following  
24 Disciplinary Order:

25 DISCIPLINARY ORDER

26 **A. PUBLIC REPRIMAND.**

27 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 74730 issued  
28 to Respondent Nancy Andes Towbin, M.D. is publicly reprimanded pursuant to California

1 Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which  
2 is issued in connection with Respondent's care and treatment of Patient 1 as set forth in  
3 Accusation No. 800-2016-020123, is as follows:

4 In 2013, you committed acts constituting negligence in violation of Business  
5 and Professions Code section 2234, subdivisions (b) and (c), in your  
6 administration of methotrexate for Patient 1's ectopic pregnancy without  
7 repeating her laboratory studies to assess liver function and failure to obtain  
8 repeat hCG measurements four and seven days following the administration  
9 of one dose of Methotrexate. You also failed to document counseling  
10 discussions concerning the risk, benefits, alternatives and the potential side  
11 effects of the administration of Methotrexate.

12 **B. CLINICAL COMPETENCE ASSESSMENT PROGRAM.** Within sixty  
13 (60) calendar days of the effective date of this Decision, Respondent shall enroll in a  
14 clinical competence assessment program approved in advance by the Board or its designee.  
15 Respondent shall successfully complete the program not later than six (6) months after  
16 Respondent's initial enrollment unless the Board or its designee agrees in writing to an  
17 extension of that time.

18 The program shall consist of a comprehensive assessment of Respondent's physical  
19 and mental health and the six general domains of clinical competence as defined by the  
20 Accreditation Council on Graduate Medical Education and American Board of Medical  
21 Specialties pertaining to Respondent's current or intended area of practice. The program  
22 shall take into account data obtained from the pre-assessment, self-report forms and  
23 interview; and the Decision(s), Accusation(s), and any other information that the Board or  
24 its designee deems relevant. The program shall require Respondent's on-site participation  
25 for a minimum of three (3) and no more than five (5) days as determined by the program for  
26 the assessment and clinical education evaluation. Respondent shall pay all expenses  
27 associated with the clinical competence assessment program.

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1 At the end of the evaluation, the program will submit a report to the Board or its designee  
2 which unequivocally states whether the Respondent has demonstrated the ability to practice  
3 safely and independently. Based on Respondent's performance on the clinical competence  
4 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
5 scope and length of any additional educational or clinical training, evaluation or treatment for any  
6 medical condition or psychological condition, or anything else affecting Respondent's practice of  
7 medicine. Respondent shall comply with the program's recommendations.

8 Determination as to whether Respondent successfully completed the clinical competence  
9 assessment program is solely within the program's jurisdiction.

10 If Respondent fails to enroll, participate in, or successfully complete the clinical  
11 competence assessment program within the designated time period, Respondent shall receive a  
12 notification from the Board or its designee to cease the practice of medicine within three (3)  
13 calendar days after being so notified. Respondent shall not resume the practice of medicine until  
14 enrollment or participation in the outstanding portions of the clinical competence assessment  
15 program have been completed. Failure to successfully complete the clinical competency  
16 assessment outlined above shall constitute unprofessional conduct and is grounds for further  
17 disciplinary action.

18 ACCEPTANCE

19 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
20 discussed it with my attorney, Raymond J. McMahon. I understand the stipulation and the effect  
21 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement  
22 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
23 Decision and Order of the Medical Board of California.


24  
25 DATED: 2/25/19

Nancy Andes Towbin, M.D.  
26 NANCY ANDES TOWBIN, M.D.  
27 Respondent  
28

1 I have read and fully discussed with Respondent Nancy Andes Towbin, M.D. the terms and  
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
3 I approve its form and content.

4  
5 DATED:

February 25, 2019

  
RAYMOND J. MCMAHON  
Attorney for Respondent

6  
7  
8 ENDORSEMENT

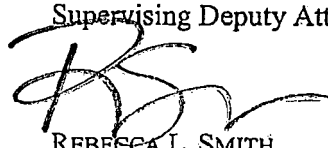
9 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
10 submitted for consideration by the Medical Board of California.

11 Dated:

2/27/19

Respectfully submitted,

13 XAVIER BECERRA  
Attorney General of California  
14 JUDITH T. ALVARADO  
Supervising Deputy Attorney General

15   
16 REBECCA L. SMITH  
17 Deputy Attorney General  
18 Attorneys for Complainant  
19  
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**Exhibit A**

**Accusation No. 800-2016-020123**



1 XAVIER BECERRA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 REBECCA L. SMITH  
Deputy Attorney General  
4 State Bar No. 179733  
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7 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO Jan 4 20 19  
BY *[Signature]* ANALYST

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2016-020123

13 NANCY ANDES TOWBIN, M.D.  
16671 Yorba Linda Boulevard, Suite 210  
14 Yorba Linda, California 92886

**ACCUSATION**

15 Physician's and Surgeon's Certificate  
No. G 74730,

16 Respondent.

17  
18  
19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official  
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
23 Affairs ("Board").

24 2. On or about July 21, 1992, the Board issued Physician's and Surgeon's Certificate  
25 number G 74730 to Nancy Andes Towbin, M.D. ("Respondent"). That license was in full force  
26 and effect at all times relevant to the charges brought herein and will expire on July 31, 2020,  
27 unless renewed.

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**JURISDICTION**

3. This Accusation is brought before the Board under the authority of the following provisions of the California Business and Professions Code ("Code") unless otherwise indicated.

4. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

"..."

5. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

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1 “(5) Have any other action taken in relation to discipline as part of an order of probation, as  
2 the board or an administrative law judge may deem proper.

3 “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical  
4 review or advisory conferences, professional competency examinations, continuing education  
5 activities, and cost reimbursement associated therewith that are agreed to with the board and  
6 successfully completed by the licensee, or other matters made confidential or privileged by  
7 existing law, is deemed public, and shall be made available to the public by the board pursuant to  
8 Section 803.1.”

9 6. Section 2234 of the Code, states:

10 “The board shall take action against any licensee who is charged with unprofessional  
11 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not  
12 limited to, the following:

13 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
14 violation of, or conspiring to violate any provision of this chapter.

15 “(b) Gross negligence.

16 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
17 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
18 the applicable standard of care shall constitute repeated negligent acts.

19 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for  
20 that negligent diagnosis of the patient shall constitute a single negligent act.

21 “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
22 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
23 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the  
24 applicable standard of care, each departure constitutes a separate and distinct breach of the  
25 standard of care.

26 “...”

27 ///

28 ///

7. Section 2266 of the Code states:

**“The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”**

## FACTUAL ALLEGATIONS

8. Patient 1, a then 33-year-old female patient, first presented to Respondent on January 24, 2013 for a consultation regarding irregular menstrual bleeding.<sup>1</sup> The patient reported a history of elevated liver enzymes, high triglycerides, cholesterol and blood sugar. Respondent noted that the patient's history was suggestive of polycystic ovarian syndrome ("PCOS") and metabolic syndrome.<sup>2</sup> Respondent's assessment was amenorrhea and hyperlipidemia.<sup>3</sup> She ordered laboratory and imaging studies and recommended that the patient return to the clinic for the test results and management plan.

9. On January 29, 2013, the patient's laboratory studies reflected abnormal liver enzymes and an abnormal cholesterol profile.

10. On January 31, 2013, the patient underwent transabdominal and transvaginal pelvic ultrasounds which were interpreted as normal. That same day, the patient also underwent an abdominal ultrasound which was interpreted as normal with the exception of evidence of a possible fatty liver. The abdominal ultrasound findings noted that the liver measured 14.5 cm and was "echodense consistent with probable fatty liver."

11. The patient returned to see Respondent on February 4, 2013 to discuss her laboratory and imaging studies. Respondent noted that based upon the diagnostic studies, the patient may have PCOS. Her luteinizing hormone (LH) was elevated in comparison to her follicle-stimulating

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<sup>1</sup> For privacy purposes, the patient in this Accusation is referred to as Patient 1.

<sup>2</sup> PCOS is a hormonal disorder common among women of reproductive age. Metabolic syndrome is a cluster of metabolic disorders such as increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels that occur together, increasing the risk of heart disease, stroke and diabetes.

<sup>3</sup> Amenorrhea is the absence of menstruation with at least three menstrual periods missed in a row. Hyperlipidemia is high blood cholesterol levels.

1 hormone (FSH) and her high-density lipoproteins (HDL) was low and triglycerides were high.<sup>4</sup>

2 Respondent further noted that the patient had evidence of a possible fatty liver. The patient  
3 indicated that she would like to get pregnant. Respondent recommended that the patient begin  
4 Glucophage 500 mg twice a day for three months and then check for ovulation.<sup>5</sup>

5 12. The patient returned to see Respondent in follow up on May 6, 2013 at which time  
6 she reported a spontaneous menstrual cycle in April. The patient's physical examination was  
7 unremarkable. The patient's dose of Glucophage was increased to three times a day. The patient  
8 was instructed to undergo repeat laboratory studies in three months and return to the clinic at that  
9 time for follow up and to discuss Clomid therapy.<sup>6</sup>

10 13. On June 4, 2013, the patient returned to see Respondent following a positive home  
11 pregnancy test. Respondent's assessment confirmed a positive pregnancy test. The pregnancy  
12 was ultimately non-viable and in July 2013, the patient chose to allow the miscarriage to pass on  
13 its own with Respondent's medical supervision.

14 14. On October 17, 2013, the patient presented to Respondent's office for a pregnancy  
15 test and was seen by physician assistant H.H. The patient reported a positive pregnancy test at  
16 home. The office pregnancy test was negative. A quantitative beta hCG test was ordered to be  
17 performed that same day and to be repeated in two days.<sup>7</sup> The patient called for the hCG test  
18 results on October 21, 2013. The patient's medical records reflect that H.H. returned the patient's  
19 call that same day and reported that the October 17<sup>th</sup> hCG level was 68 and increased to 174 on  
20 October 19<sup>th</sup>. H.H. informed the patient that Respondent would like the patient to repeat the hCG  
21 test that same day.

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23 <sup>4</sup> LH and FSH are hormones involved in reproduction during the ovulation part of the menstrual  
24 cycle. HDL is cholesterol. Triglycerides are a type of fat found in blood. Both HDL and triglycerides  
affect fertility.

25 <sup>5</sup> Glucophage is an oral diabetes medicine that helps control blood sugar levels.

26 <sup>6</sup> Clomid is an oral medication used to treat infertility by stimulating ovulation.

27 <sup>7</sup> Quantitative beta hCG test is a blood test that measures the level of human chorionic  
28 gonadotropin (hCG) hormone present in the patient's blood. hCG is a hormone produced during  
pregnancy.

1        15. On October 21, 2013, the patient underwent the repeat hCG test and her hCG level  
2 was reported as 390. On the laboratory report, Respondent made a note for her office staff to let  
3 the patient know that the hCG is increasing normally, to undergo an ultrasound in two weeks and  
4 see Respondent following the ultrasound for the results.

5        16. The patient's medical records reflect that she called Respondent's office on October  
6 24, 2013 complaining of abdominal pain above the bellybutton, feeling sore, and having sharp  
7 pains when coughing or moving around. Respondent noted that she returned the patient's call  
8 and advised the patient that unless the pain became worse, the ultrasound would be done the next  
9 week as scheduled.

10       17. On October 30, 2013, a transvaginal pelvic ultrasound was performed. It revealed no  
11 intrauterine pregnancy. A right simple ovarian cyst was noted and the left ovary was noted to be  
12 within normal limits. That same morning, Respondent's office notified the patient by telephone  
13 that that there was no intrauterine or ectopic pregnancy identified and that another ultrasound  
14 would be performed the following week.<sup>8</sup>

15       18. On November 6, 2013, a transvaginal pelvic ultrasound was performed which  
16 revealed a probable ectopic gestation with no evidence of intrauterine pregnancy. Following the  
17 ultrasound, the patient was seen by Respondent who noted that the patient had normally  
18 advancing hCG levels and that ultrasound showed an empty gestational sac. Respondent noted  
19 that she discussed with the patient that she may have an ectopic gestation and may require  
20 Methotrexate. Respondent's plan was a stat quantitative beta hCG. Respondent further noted  
21 "[i]f hCG is greater than 5000 with nothing in the uterus, then we will consider it ectopic and give  
22 her Methotrexate 50 mg."

23       19. At approximately 1:41 p.m. on November 6, 2013, the patient's hCG level was  
24 reported at 24,877. At approximately 3:42 p.m., the patient was advised that she had an ectopic  
25 pregnancy and was given an injection of Methotrexate 50 mg intramuscularly.

26 ///

27 \_\_\_\_\_  
28        <sup>8</sup> Ectopic pregnancy is a complication of pregnancy in which the embryo attaches itself in a place  
other than inside the uterus.

1       20. The medical records do not reflect that the patient was counseled or advised of the  
2 ongoing risk of tubal rupture during treatment of a presumed ectopic gestation with Methotrexate.

3       21. There were no repeat hCG laboratories drawn or recorded for day 4 or day 7  
4 following the administration of the Methotrexate. The medical records do not reflect that  
5 Respondent made any attempt to notify the patient to have repeat hCG laboratories drawn or  
6 recorded for day 4 or day 7 following the administration of the Methotrexate.

7       22. The next quantitative beta hCG test was performed on November 20, 2013 and the  
8 patient's hCG level was 8755. Another quantitative beta hCG test was performed on November  
9 26, 2013 and her hCG level was reported at 3701 on November 27, 2013.

10       23. On December 2, 2013, Respondent entered a notation on the November 27, 2013  
11 laboratory report stating "HCG levels declining; repeat one more before she comes in."

12       24. On December 3, 2013, P.D. from Respondent's office entered a notation on the  
13 November 27, 2013 laboratory report indicating that that she left the lab order up front for her to  
14 do before her December 17, 2013 appointment.

15       25. On December 5, 2013, Respondent received a call from a physician on a Carnival  
16 Cruise ship in route to Mexico stating that the patient was hypotensive, anemic and tachycardic  
17 with abdominal pain. Respondent advised the ship physician of the ectopic gestation and to  
18 transport the patient by helicopter for an emergency laparotomy. She also recommended that the  
19 physician begin to transfuse blood products and prepare to treat disseminated intravascular  
20 coagulation ("DIC").

21       26. On the ship, the patient received two units of blood from crew members, which was  
22 cross-matched but not screened for communicable diseases in order to stabilize her while waiting  
23 for transport to land. Following coordination with the Coast Guard and its flight surgeon, the  
24 patient was airlifted by helicopter to San Diego with ambulance transport to Scripps Mercy  
25 Hospital in La Jolla on December 6, 2013. Once the patient arrived at the hospital emergency  
26 room, she was emergently taken to surgery where a laparotomy was performed. Massive  
27 hemoperitoneum of approximately 3,500 mL was evacuated, the majority was evacuated via Cell

28 ///

1 Saver and was transfused to the patient intraoperatively.<sup>9</sup> The patient also received two units of  
2 fresh frozen plasma intraoperatively. The right fallopian tube was badly damaged by the large  
3 ectopic pregnancy (4-5 cm), and the tube was removed. The patient was discharged on December  
4 9, 2013 with instructions to return to the emergency room or Respondent's office should she have  
5 any changes in her condition (i.e. fevers, chills, nausea, vomiting, bleeding, etc.) and to follow up  
6 with Respondent in one week.

7 27. The patient was seen by Respondent for a post operative visit on December 17, 2013  
8 at which time the patient reported feeling very tired but was starting to do better. Respondent  
9 noted that the patient's wound was healing well and her abdomen was soft and non-tender.  
10 Respondent's treatment plan was to perform routine blood work, including hepatitis, B, C, HIV,  
11 and beta-hCG as well as a complete blood count. She instructed the patient to return in one  
12 month for a post operative check and wound care.

13 28. The patient returned for her last post operative visit on January 23, 2014. Respondent  
14 noted that the patient's laboratory studies showed no signs of infection, she was no longer  
15 anemic, and her hCG was negative. The patient reported anxiety about her experience but no  
16 pain or bleeding. Respondent noted that she would refer the patient to a psychiatrist for her  
17 anxiety. Examination of the wound demonstrated that it was well healed. Respondent's  
18 assessment was that the initial blood borne infection laboratory results were negative and should  
19 be repeated in 6 months. The ectopic pregnancy had resolved. The patient was prescribed birth  
20 control and a follow up visit in 6 months was recommended.

#### 21 **STANDARD OF CARE**

22 29. The standard of medical practice for an obstetrician treating a presumed ectopic  
23 pregnancy with the administration of Methotrexate requires a confirmed normal serum creatinine  
24 level, normal liver transaminases and no bone marrow dysfunction indicated by significant  
25 anemia, leucopenia or thrombocytopenia.

26 ///

27  
28 <sup>9</sup> Hemoperitoneum is the presence of blood in the peritoneal cavity. Cell Saver is a device used in surgery that collects, cleans and returns back to the patient blood lost during surgery.



1       30. The standard of medical practice for an obstetrician treating a presumed ectopic  
2 pregnancy with the administration of Methotrexate requires that the physician ensure that the  
3 patient does not have a contraindication to the medication.

4       31. The standard of medical practice for an obstetrician treating a presumed ectopic  
5 pregnancy in a patient with a high hCG by administration of Methotrexate requires consistent  
6 close surveillance and follow up blood work, and documentation of the same.

7       32. The standard of medical practice for an obstetrician treating a presumed ectopic  
8 pregnancy with the administration of Methotrexate requires counseling the patient regarding  
9 possible side effects and activity restrictions during treatment as well as being informed on the  
10 ongoing risk of tubal rupture during treatment.

11                                   **FIRST CAUSE FOR DISCIPLINE**

12                                   **(Gross Negligence)**

13       33. Respondent is subject to disciplinary action under section 2234, subdivision (b), of  
14 the Code, in that she engaged in gross negligence by failing to assess Patient 1's liver function  
15 prior to the administration of Methotrexate for presumed ectopic gestation. Complainant refers to  
16 and, by this reference, incorporates herein, paragraphs 8 through 30, above, as though fully set  
17 forth herein. The circumstances are as follows:

18       34. On January 24, 2013, Respondent documented abnormal liver function tests and on  
19 January 31, 2013 documented an abnormal ultrasound with evidence of possible fatty liver.  
20 Respondent failed to repeat the patient's laboratory studies to assess liver function prior to the  
21 administration of Methotrexate. Respondent failed to ensure that the patient did not have a  
22 contraindication to the medication and that she did not still have abnormal liver transaminases.

23       35. Respondent's acts and/or omissions as set forth in paragraphs 8 through 30 and 34,  
24 above, whether proven individually, jointly, or in any combination thereof, constitute gross  
25 negligence pursuant to section 2234, subdivision (b), of the Code. Therefore cause for discipline  
26 exists.

27       ///

28       ///

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 36. Respondent is subject to disciplinary action under section 2234, subdivision (b), of  
4 the Code, in that she engaged in gross negligence by failing to provide consistent close  
5 surveillance and follow up blood work in Patient 1, who had a presumed ectopic gestation, with a  
6 high hCG and had received Methotrexate. Complainant refers to and, by this reference,  
7 incorporates herein, paragraphs 8 through 28 and 31, above, as though fully set forth herein. The  
8 circumstances are as follows:

9 37. On November 6, 2013, Patient 1 was diagnosed with a presumptive ectopic  
10 pregnancy at which time one dose of Methotrexate was administered. The patient had an initial  
11 hCG level of 24,877 that day. Respondent failed to obtain repeat hCG measurements four days  
12 and seven days following the presumed diagnosis of ectopic pregnancy and the administration of  
13 one dose of Methotrexate. Respondent failed to follow up clinically to ensure that the hCG was  
14 falling appropriately after the first dose of Methotrexate.

15 38. Respondent's acts and/or omissions as set forth in paragraphs 8 through 28, 31 and  
16 37, above, whether proven individually, jointly, or in any combination thereof, constitute gross  
17 negligence pursuant to section 2234, subdivision (b), of the Code. Therefore cause for discipline  
18 exists.

19 **THIRD CAUSE FOR DISCIPLINE**

20 **(Repeated Negligent Acts)**

21 39. Respondent is subject to disciplinary action under section 2234, subdivision (c), of  
22 the Code, in that she engaged in repeated acts of negligence in the care and treatment of Patient 1.  
23 Complainant refers to and, by this reference, incorporates herein, paragraphs 8 through 38, above,  
24 as though fully set forth herein. The circumstances are as follows:

25 A. On January 24, 2013, Respondent documented abnormal liver function tests  
26 and on January 31, 2013 documented an abnormal ultrasound with evidence of possible fatty  
27 liver. Respondent failed to repeat the patient's laboratory studies to assess liver function prior to  
28 ///

1 the administration of Methotrexate. Respondent failed to ensure that the patient did not have a  
2 contraindication to the medication and that she did not still have abnormal liver transaminases.

3 B. On November 6, 2013, Patient 1 was diagnosed with a presumptive ectopic  
4 pregnancy at which time one dose of Methotrexate was administered. The patient had an initial  
5 hCG level of 24,877 that day. Respondent failed to obtain repeat hCG measurements four days  
6 and seven days following the presumed diagnosis of ectopic pregnancy and the administration of  
7 one dose of Methotrexate. Respondent failed to follow up clinically to ensure that the hCG was  
8 falling appropriate after the first dose of Methotrexate.

9 C. Respondent failed to document counseling discussions concerning the risk,  
10 benefits, alternatives and the potential side effects of the administration of Methotrexate.

11 40. Respondent's acts and/or omissions as set forth in 8 through 39, above, whether  
12 proven individually, jointly, or in any combination thereof, constitute repeated acts of negligence  
13 pursuant to section 2234, subdivision (c), of the Code. Therefore cause for discipline exists.

#### 14 **FOURTH CAUSE FOR DISCIPLINE**

##### 15 **(Failure to Maintain Adequate and Accurate Medical Records)**

16 41. Respondent is subject to disciplinary action under section 2266 of the Code for failing  
17 to maintain adequate and accurate records relating to her care and treatment of Patient 1.  
18 Complainant refers to and, by this reference, incorporates herein, paragraphs 8 through 28, 31 and  
19 39, above, as though fully set forth herein.

#### 20 **PRAYER**

21 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
22 and that following the hearing, the Medical Board of California issue a decision:

23 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 74730,  
24 issued to Nancy Andes Towbin, M.D.;

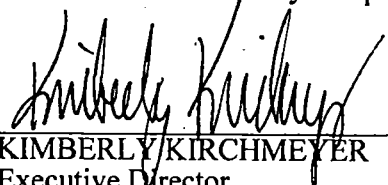
25 2. Revoking, suspending or denying approval of her authority to supervise physician  
26 assistants pursuant to section 3527 of the Code, and advanced practice nurses;

27 3. If placed on probation, ordering her to pay the Board the costs of probation  
28 monitoring; and.

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4. Taking such other and further action as deemed necessary and proper.

DATED: January 4, 2019



KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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